


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 046 ***150.00

DOCUMENT # P98000108118

1. Entity Name
CGI SYSTEMS MANAGEMENT, INC.




Principal Place of Business Mailing Address
100 NORTH TAMPA STREET **100 NORTH TAMPA STREET**
SUITE 4100 ATTN: LESLIE ARNETT **SUITE 4100 ATTN: LESLIE ARNETT**
TAMPA, FL 33602 US **TAMPA, FL 33602 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40052979



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3582863 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHP GODIN, SERGE 57 BERVEDERE ROAD WESTMOUNT, QU H3Y 1P7 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached Rider
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT IMBEAU, ANDRE 2806 RICHELIEU STREET BELOEIL, QU J3G 2C9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DORE, PAULE 69 BELOEIL AVENUE OUTREMONT, QU H2V 2Z1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BOULANGER, FRANCOIS 1130 SHERBROOKE ST. WEST, 7TH FLOOR MONTREAL, QC H3A 2M8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROY, JACQUES 1190 DE HONFLEUR, BOUCHERVILLE BOUCHERVILLE, QU J4B 8G2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MASSE, DAVID G 52 BURNS STREET, MONTREAL MONTREAL, QU H9W 3X4 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **David G. Masse,** 2007/04/04 (514) 841-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40052979
#P98000108118
CGI SYSTEMS MANAGEMENT, INC

RIDER

10 - OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Executive Officer and Director ROACH, Michael E. 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President and Director MOREA, Donna S. 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Executive Vice-President, Chief Financial Officer and Director ANDERSON, R. David 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Legal Officer BOURQUE, André J. 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President, Finance ROY, Jacques 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President, New York KELLY, John A. 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President - West KEATING, Mike 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President - South TURNER, Nazzic 4050 Legato Road Fairfax, VA 22033

ATTACHMENT

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President, Boston RAYMOND, Paul 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice-President, Cleveland SCHMITZ, Richard 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Corporate Secretary MASSE, David G. 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	General Counsel, Assistant Secretary and Director FIGINI, Joseph C. 4050 Legato Road Fairfax, VA 22033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Corporate Controller BOULANGER, François 1130 Sherbrooke St. West, 7 th Floor Montreal, Quebec, Canada H3A 2M8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Controller and Director NOSELLI, Joseph 4050 Legato Road Fairfax, Va 22033